

Name in Full <i>Anna J. Acron</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Tuckahoe</i> <small>Town</small>		<i>Carroll</i> <small>County</small>
	Date of death <i>1908</i> <small>Month</small> <i>Jun</i> <small>Day</small> <i>1</i>		<i>3</i> <small>Months</small> <i>14</i> <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ms</i>
	Occupation <i>Infant</i>	Where Residing if not at place of death	
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name <i>Robt. F. Acron</i>	Father's Birthplace <i>Ind.</i>	
	Mother's Maiden Name <i>Lillie G. Gross</i>	Mother's Birthplace <i>Ms</i>	
Name of person giving information <i>Robt F Acron</i>	How related to deceased <i>Father</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Unknown natural causes</i>	How long <i>1 month</i>	
	Immediate <i>Unknown</i>	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. R. B. Brown, M.D.</i>	
	<i>No physician was called</i>	Address <i>Hillsboro Ms</i>	
	Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

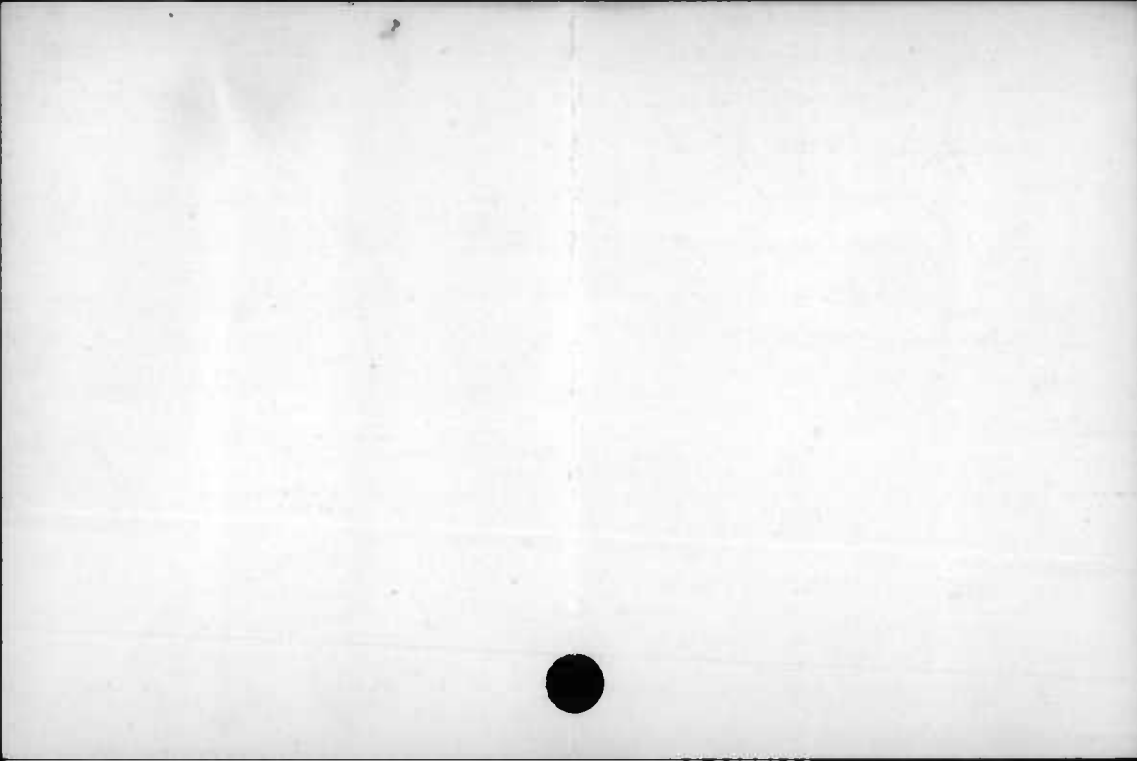
Name in Full <i>Agnes Andrew</i>		Town <i>American Corner</i>		County <i>Barthine</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>21</i>		Years <i>23</i>	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>21</i>		Years <i>23</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Chas E Andrew</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Ethel Reeves</i>		Mother's Birthplace <i>Del</i>					
Name of person giving information <i>Chas E Andrew</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Renal Insufficiency</i>		How long <i>since birth</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalburg md</i>	
Accident or Suicide? <i>Q</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

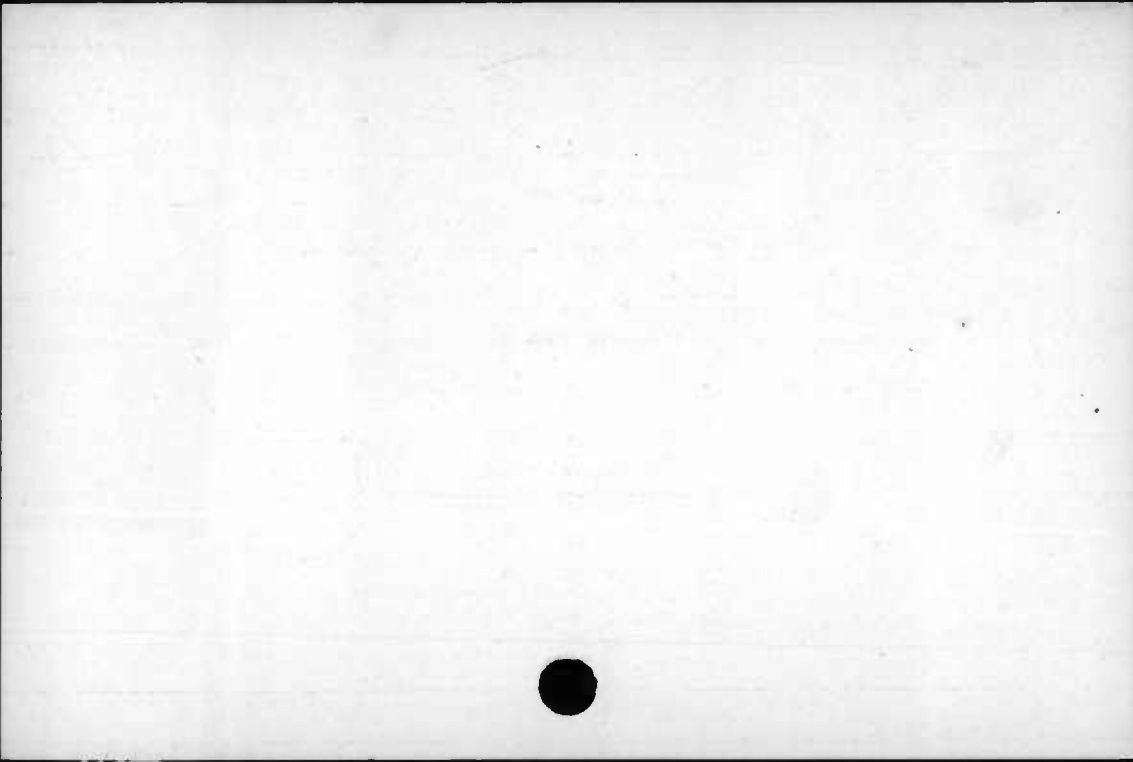
Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month	Jan	Day	22	Age	43
Sex	Female	Color or Race	Black	Birthplace	Queen Anne Co		
Occupation	Housewife			Where Residing if not at place of death <i>Ridgely</i>			
Married, Single or Widowed	Married		Name of Wife or Husband	<i>Artemus Browner</i>			
Father's Name	<i>Amos Gardner</i>			Father's Birthplace	<i>Do not know</i>		
Mother's Maiden Name	<i>Harriet Peatt</i>			Mother's Birthplace	<i>Do not know</i>		
Name of person giving information	<i>Artemus Browner</i>			How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>2 years</i>
Immediate	<i>Uræmia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. C. Madara</i>	
Address		<i>Ridgely Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

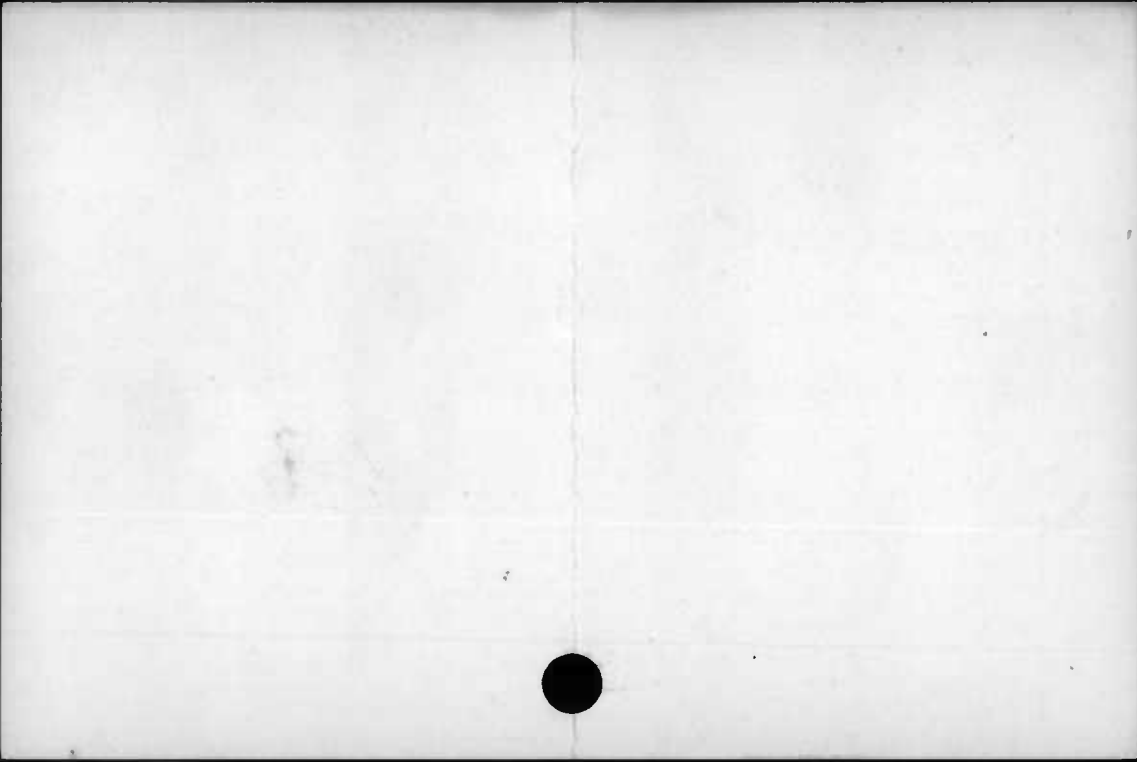
Name in Full <i>J Wesley Bullock</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death <i>1908 Jan 18</i>		Age <i>57</i>		Months Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>merchant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Emma Smith</i>					
Father's Name <i>Richard Bullock</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Abdominal Cancer</i>	How long <i>One year</i>
Immediate	<i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>R Kempf Jefferson</i>
		Address <i>Federalburg md</i>
Accident or Suicide?		



Name
in
Full

Robert Baynard Culbreth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Greensboro</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>January</u>	Day <u>9th</u>	Age <u>88</u> Years	Months <u>10</u>	Days <u>19</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Caroline Co.</u>		
Occupation <u>Retired farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Sarah G. Culbreth</u>			
Father's Name <u>Samuel Culbreth</u>			Father's Birthplace <u>Caroline Co.</u>		
Mother's Maiden Name <u>Annie Baynard</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Daniel R. Culbreth, M.D.</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary Senile Decay

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

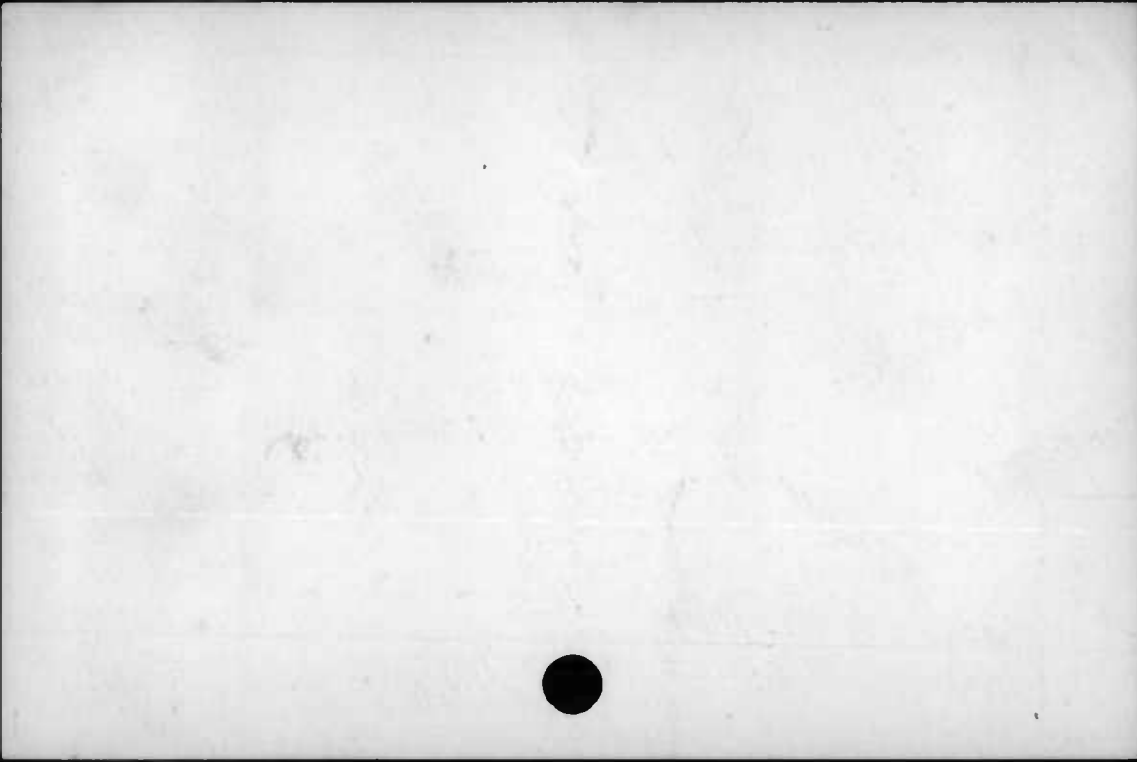
F. D. Carpenter

Address

Greensboro Md.

Accident or Suicide?

No



Name
in
Full

Mary E. A. Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

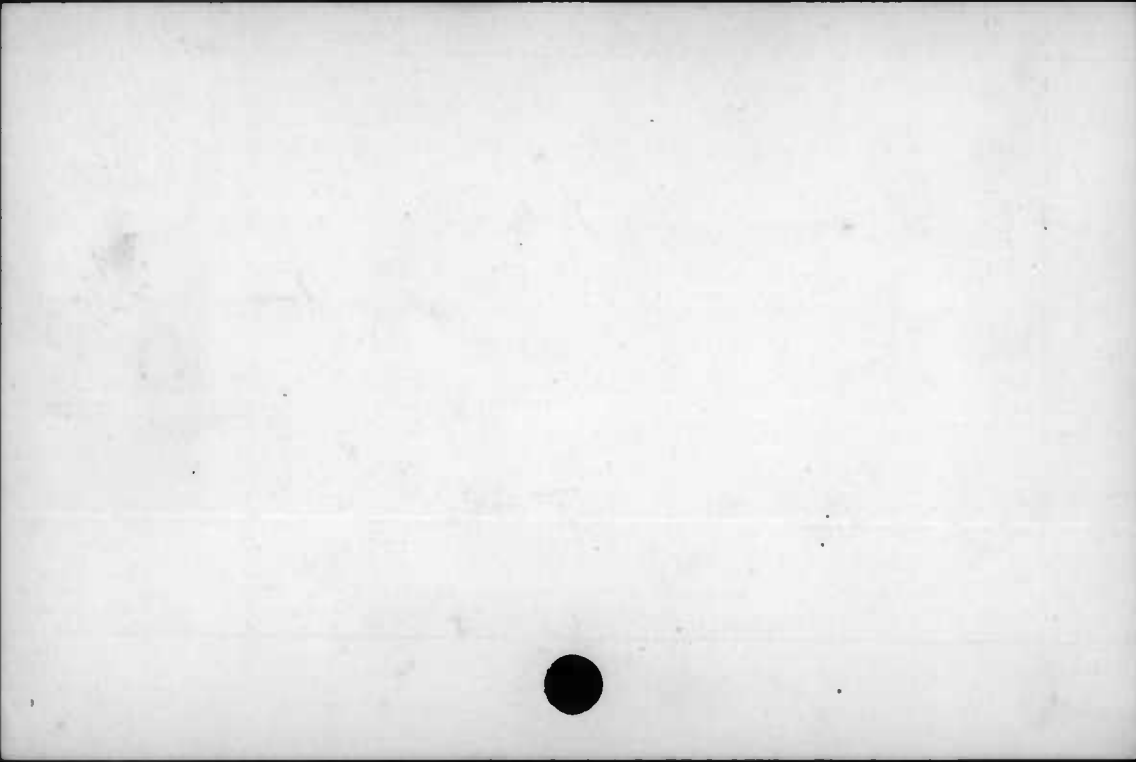
Died at		Town Greensboro		County Berkshire		MARYLAND	
Date of death	1908	Month January	Day Sat 25 th	Age 69	Years	Months 5	Days —
Sex	Female		Color or Race	White		Birth- place	Greensboro Md
Occupation	A married woman		Where Residing if not at place of death		At her home		
Married, Single or Widowed	Married		Name of Wife or Husband	Mary E. A. Dawson John F. Dawson			
Father's Name	William Delahay				Father's Birthplace	Caroline County	
Mother's Maiden Name	Elizabeth J. Delahay				Mother's Birthplace	Greensboro Md	
Name of person giving In formation	John F. Dawson				How related to deceased	Husband	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Insufficiency		How long	—
Immediate	Broken Consummation		How long	2 Months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. D. Carpenter
			Address	Greensboro, Md
Accident or Suicide?		No		



Name
in
Full

Thomas Albert Dyer -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

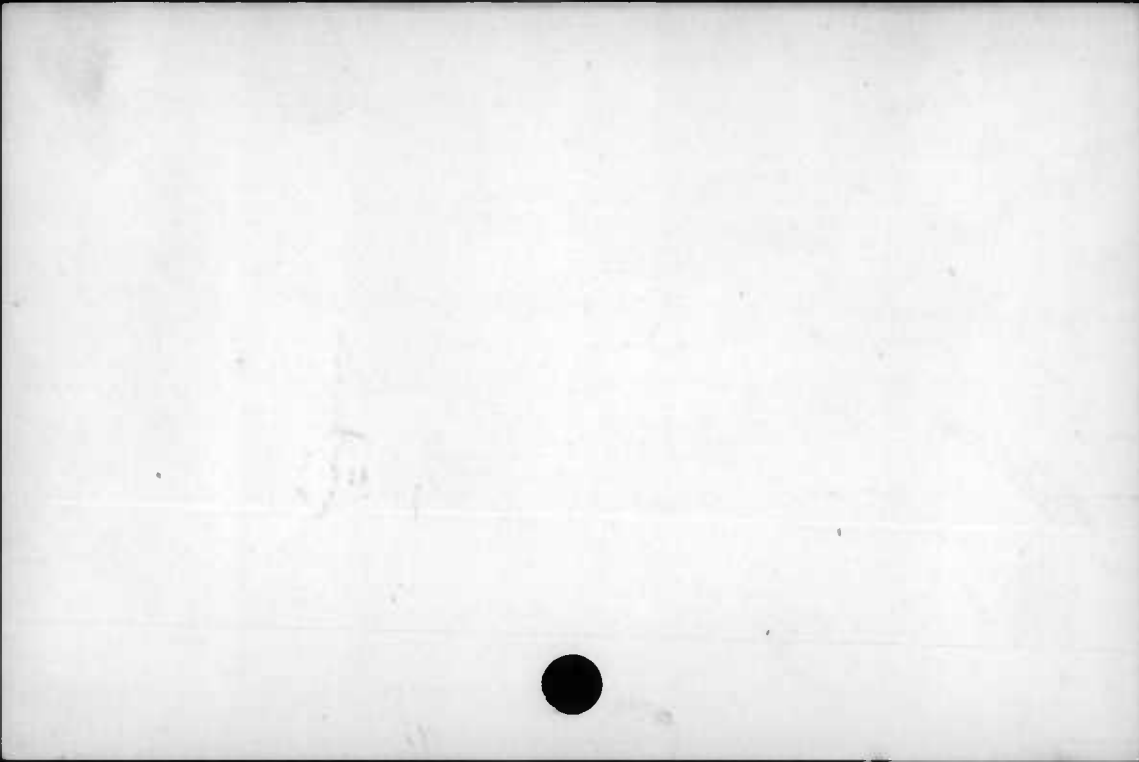
Died at <i>new Greensboro</i>		Town <i>Carver</i>		County <i>Carver</i>		MARYLAND	
Date of death	1908	Month	Jan.	Day	13	Age	3
Sex	Male	Color or Race	White	Birth-place	new Greensboro.		
Occupation	- none -			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Herman G. Dyer				Father's Birthplace		
Mother's Maiden Name	Elie Griffin				Mother's Birthplace		
Name of person giving information	Father				How related to deceased		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Blind. clots Cerebral</i>	How long	<i>12 hours</i>
Immediate	<i>Coma</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. R. M. Allen</i>	
		Address	
		<i>Greensboro</i>	
		<i>M.D.</i>	
Accident or Suicide?			



Name
in
Full

John Erb.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at near ^{Town} Ridgely^{County} Caroline

Date of death 1908 Jan

Day 31

Age 66 Years

Months 2

Days 19

Sex Male

Color or Race Caucasian

Birth place Truesheim Baden.

Occupation Shoemaker -

Where Residing if not at place of death

~~Married~~ Single Widowed

Name of Wife or Husband

Father's Name James Erb.

Father's Birthplace Baden

Mother's Maiden Name Catherine Brueckle

Mother's Birthplace "

Name of person giving information Rev. F. Wolf O.S.B.

How related to deceased None -

CAUSES OF DEATH

(110)

Primary Gripp -

How long one week

Immediate Syncope

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

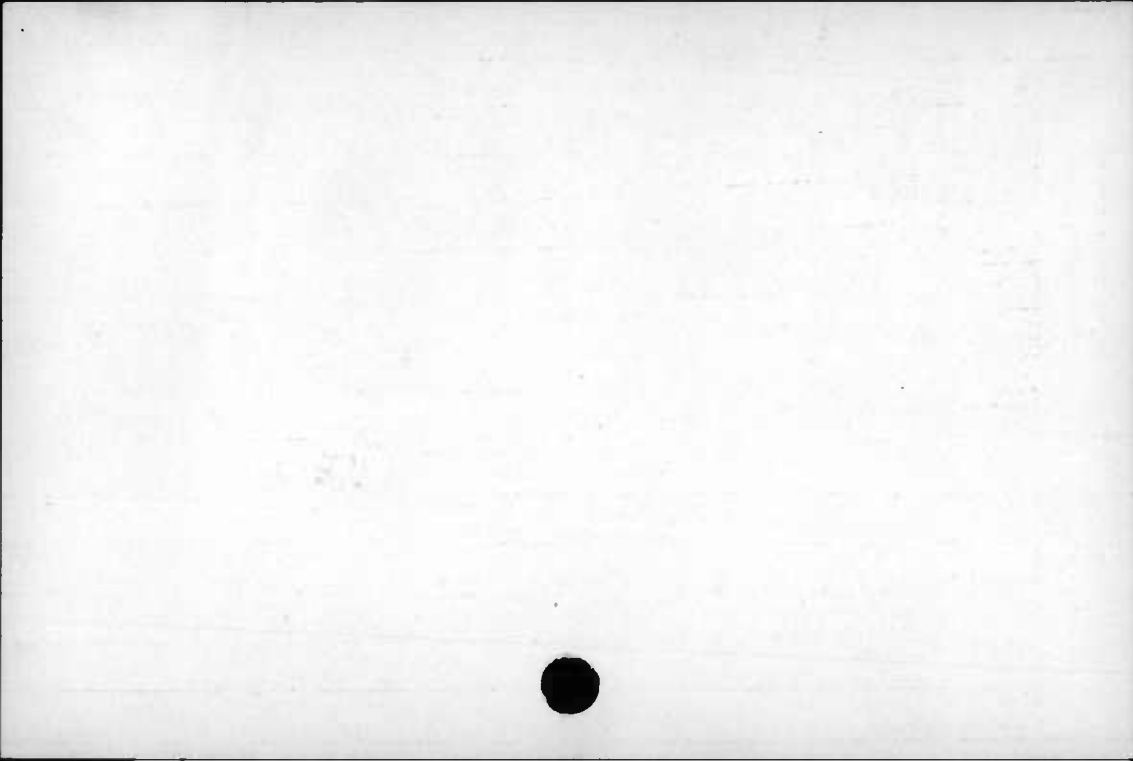
J. S. Stone M.D.

Address

Ridgely

Md -

Accident or Suicide?



Name
in
Full

Mary Ann Essler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chapleau</u> Town		<u>Corvallis</u> County		MARYLAND	
Date of death	1907	Month	July	Day	26
Age	63	Years		Months	
Sex	Female	Color or Race	W	Birth-place	Ind
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Samuel Essler		
Father's Name	H. S. Sord		Father's Birthplace	Ind	
Mother's Maiden Name	Merritt		Mother's Birthplace	"	
Name of person giving information	Miss Chas. Brown		How related to deceased	Daughter	

CAUSES OF DEATH

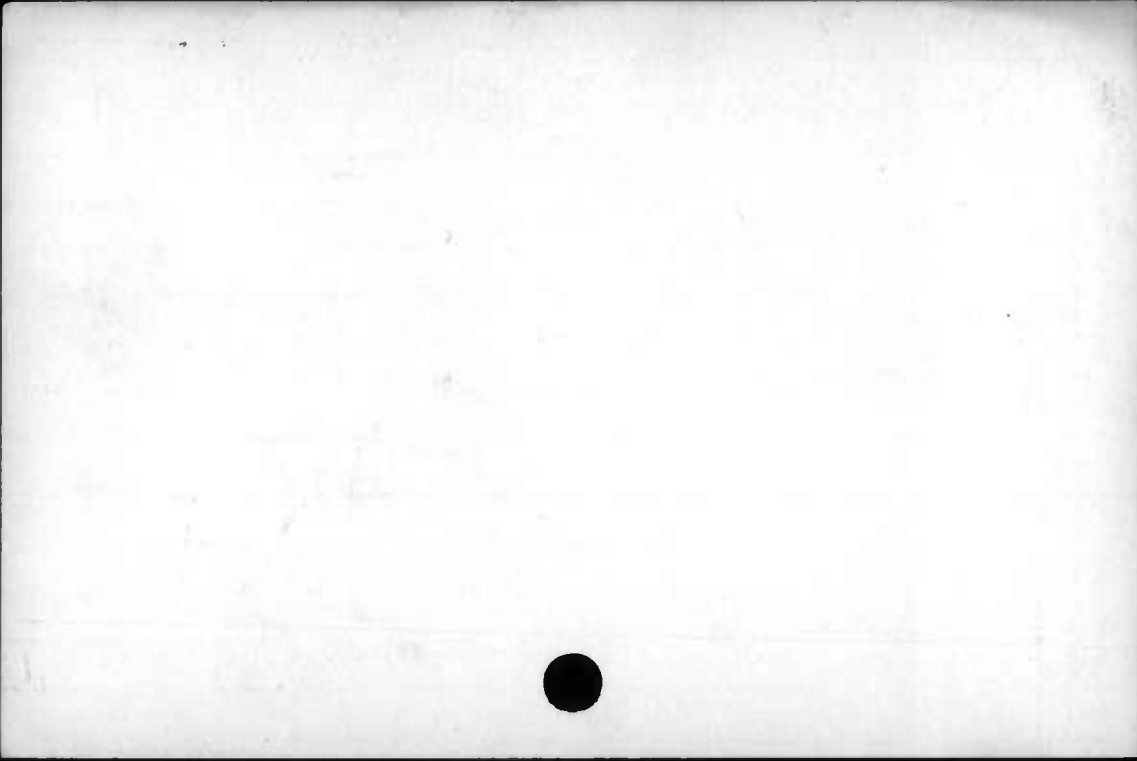
120

PHYSICIAN
OR CORONER

Primary	Probably Chronic Nephritis	How long	2
Immediate	" Heart failure	How long	3
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Preston	
Accident or Suicide?		Ind	



Name in Full Sophia Fuchs		CERTIFICATE OF DEATH			
Died at near Preston Town		Coraline County		MARYLAND	
Date of death 1908	Month 1	Day 12	Age 24	Years 3	Months 15
Sex Female	Color or Race German	Birth-place Russia			
Occupation Housewife	Where Residing if not at place of death Preston				
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name Geo Fuchs	Father's Birthplace Russia				
Mother's Maiden Name Rozzia Holstkeier	Mother's Birthplace Russia				
Name of person giving information Geo Fuchs	How related to deceased Father				
CAUSES OF DEATH			131		
Primary	Multilocular Ovarian Cyst		How long 9 months		
Immediate	Heart failure		How long _____		
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Raymond Downes			
		Address Preston Md			
Accident or Suicide? No					



Name
in
Full

Mary E. George

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

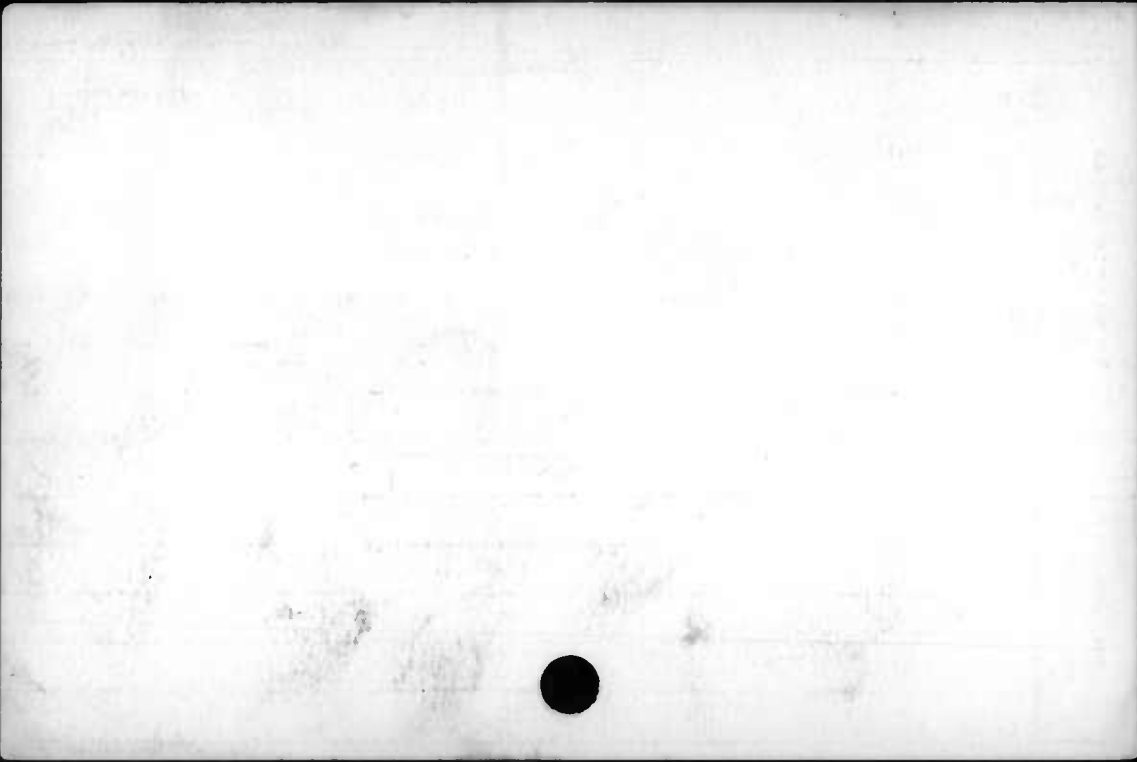
Died at <i>Wenton</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>1</i>	Day <i>14</i>	Age <i>76</i>	Months <i>5</i> Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Del</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John H. George</i>				
Father's Name <i>Bury. Husband</i>	Father's Birthplace <i>Del</i>		Mother's Birthplace <i>Del</i>		
Mother's Maiden Name <i>Mary Buckingham</i>	Name of person giving information <i>John L. George</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>6 months</i>
Immediate <i>Same</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. R. Fisher</i>
	Address <i>Wenton</i>
Accident or Suicide? <i>No</i>	<i>me of</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel T. Gilbert* Town *Mar Timplville* County *Caroline* MARYLAND

Died at *Mar Timplville* *Caroline*

Date of death *1908* *1* *28* *48* Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *Md.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Lottie Gilbert*

Father's Name *Louis H. Gilbert* Father's Birthplace *Md.*

Mother's Maiden Name *Frisella Adams* Mother's Birthplace *Md.*

Name of person giving information *Maggie Wilson* How related to deceased *Daughter*

CAUSES OF DEATH **79**

PHYSICIAN
OR CORONER

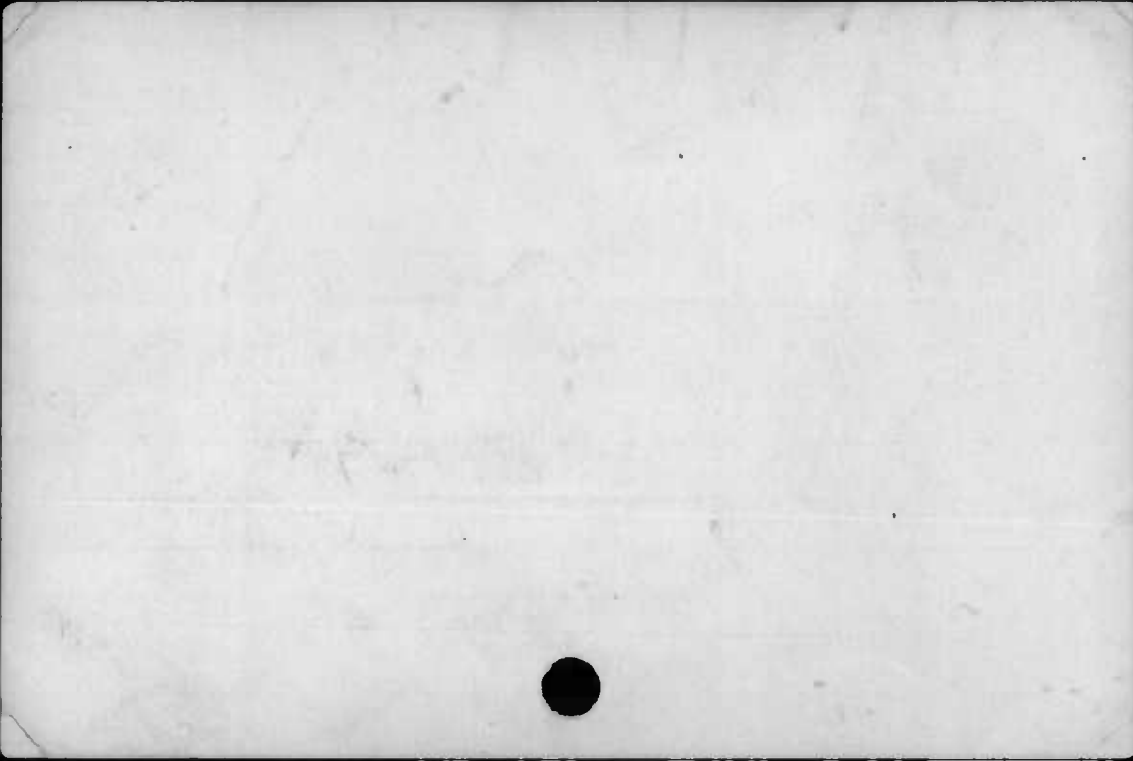
Primary *Heart disease* How long *Six months*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. R. Smith, M.D.* Address *Mar Timplville Md.*

Accident or Suicide?



Name
in
Full

Mr. Goster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

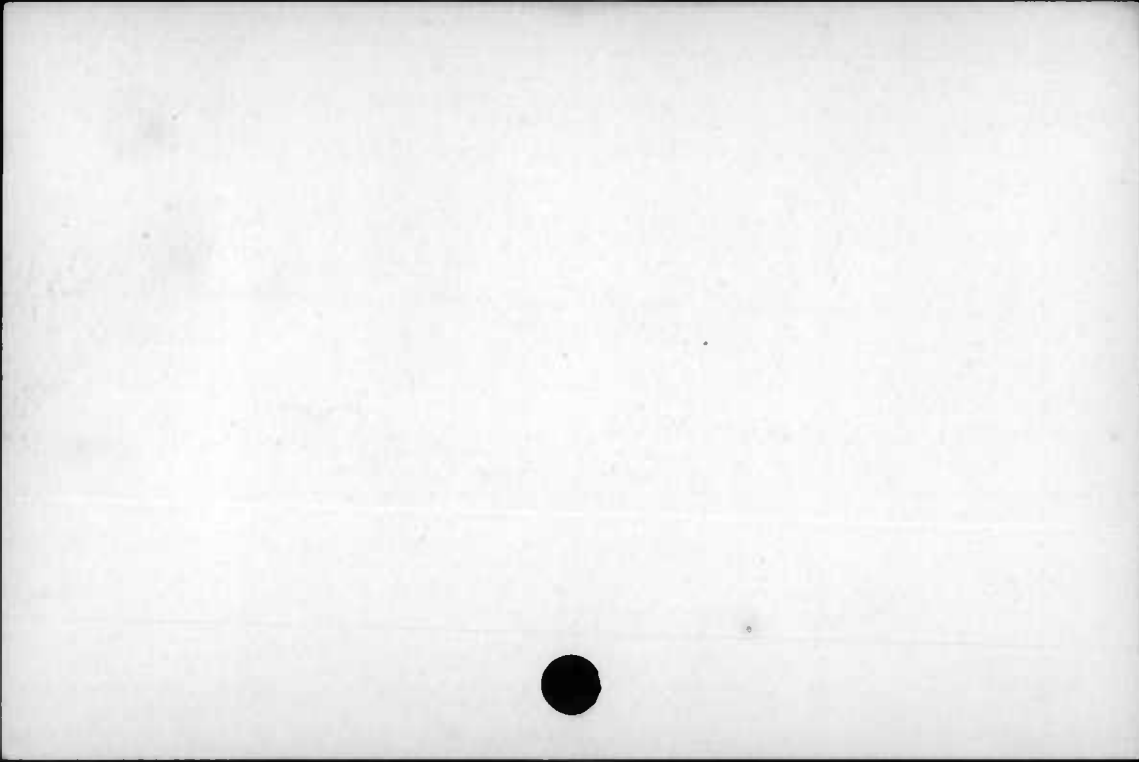
Died at		Town		County	
Date of death	190	Month	1	Day	30
Age		80		Years	7
Sex	Male	Color or Race	W	Birth-place	MD
Occupation			Former		
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Married		Martha Goster			
Father's Name		Goster			
Mother's Maiden Name		Hester			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Doctor E. L. Hester	How long	1
Immediate	Dr. Hester	How long	2
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Lillian C. Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalsburg</i>		County <i>Caroline</i>		TOWN	
Date of death <i>1908</i>		Month <i>Jan</i>	Day <i>22</i>	Age <i>39</i>	Years
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>		Months	
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Albert S. Handy</i>				
Father's Name <i>Daniel Noble</i>	Father's Birthplace <i>md</i>		Mother's Birthplace <i>Del</i>		
Mother's Maiden Name <i>Addie Kinder</i>	Name of person giving information <i>A S Handy</i>		How related to deceased <i>husband</i>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>3 years</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

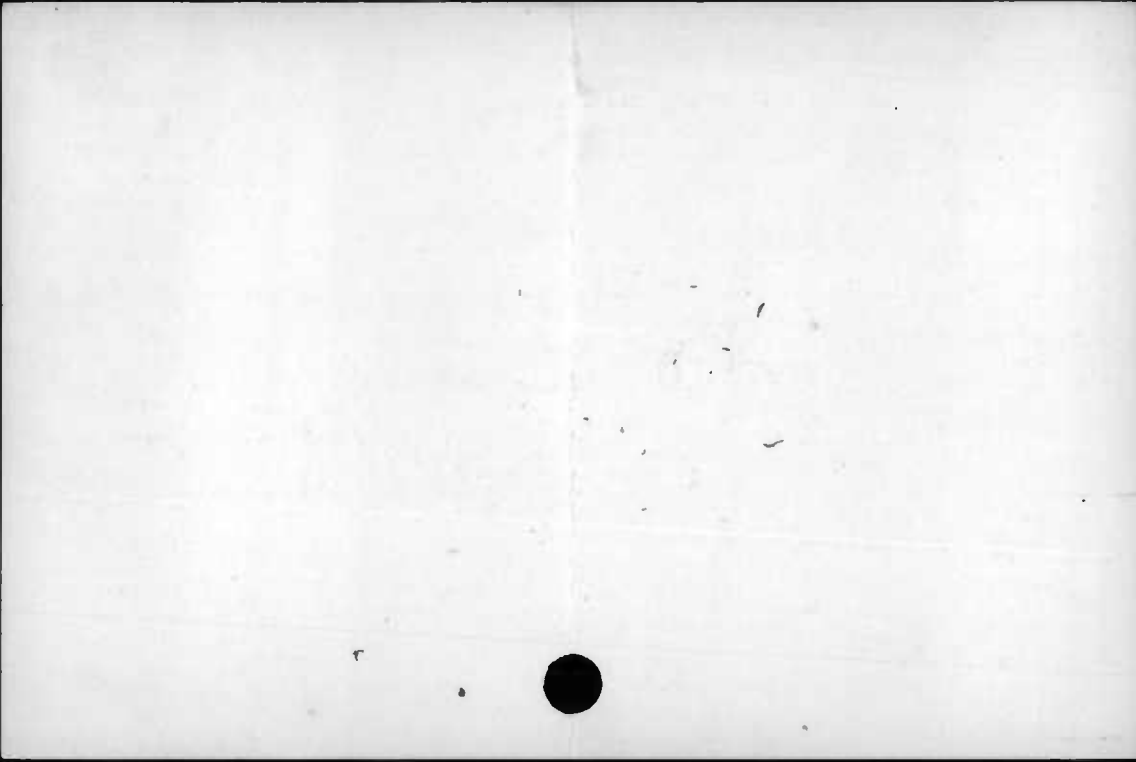
yes

Signature of Physician

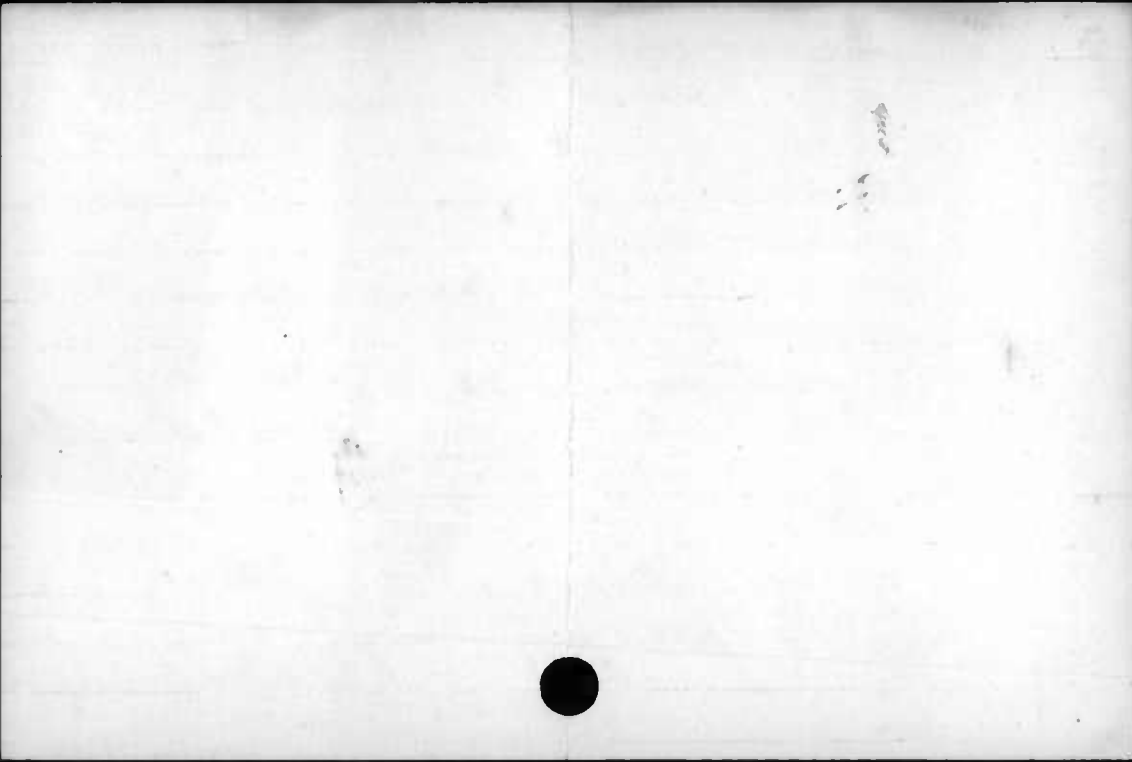
Address

R Kemp Jefferson
Federalsburg
md

Accident or Suicide?



Name in Full		Londrey Hubbard				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Federalburg		County Caroline		MARYLAND	
	Date of death		1908	Month Jan	Day 30	Age 73	Years	Months Days
	Sex male		Color or Race white		Birth-place md			
	Occupation laborer		Where Residing if not at place of death					
	Married, Single or Widowed married		Name of Wife or Husband Sarah Covey					
	Father's Name Peter Hubbard		Father's Birthplace md					
	Mother's Maiden Name Elizabeth Andrews		Mother's Birthplace md					
	Name of person giving information Alice Wright		How related to deceased daughter					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Heart Disease				How long 18 months	
	Immediate							
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician R Kemp Jefferson			
					Address Federalburg			
					md			
Accident or Suicide?		9						



Name
in
Full

Sarah E. Hurd.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Goldsboro</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>5</i>		Age <i>64</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Delaware</i>		Months <i>4</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Enoch Taylor</i>					
Father's Name <i>Joseph Hurd</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Mrs. Tuley</i>		How related to deceased <i>Grand Daughter</i>					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary

How long

Immediate

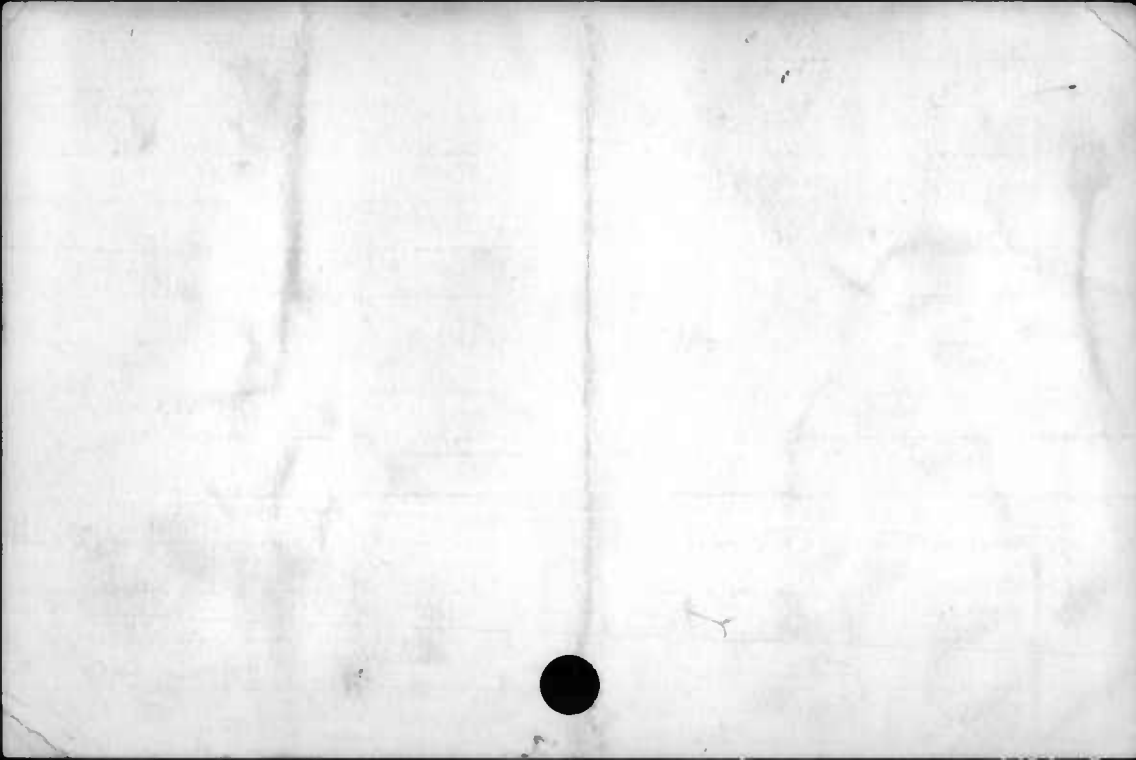
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i>		Town		County		6	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>6</i>		Age <i>21</i>	
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>md</i>		Months	
Occupation <i>laborer</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Geo Boulden</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lizzie Johnson</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Lizzie Johnson</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phtthisis</i>	How long	<i>One year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>R Kemp Jefferson</i>	
Address		<i>Federalburg md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

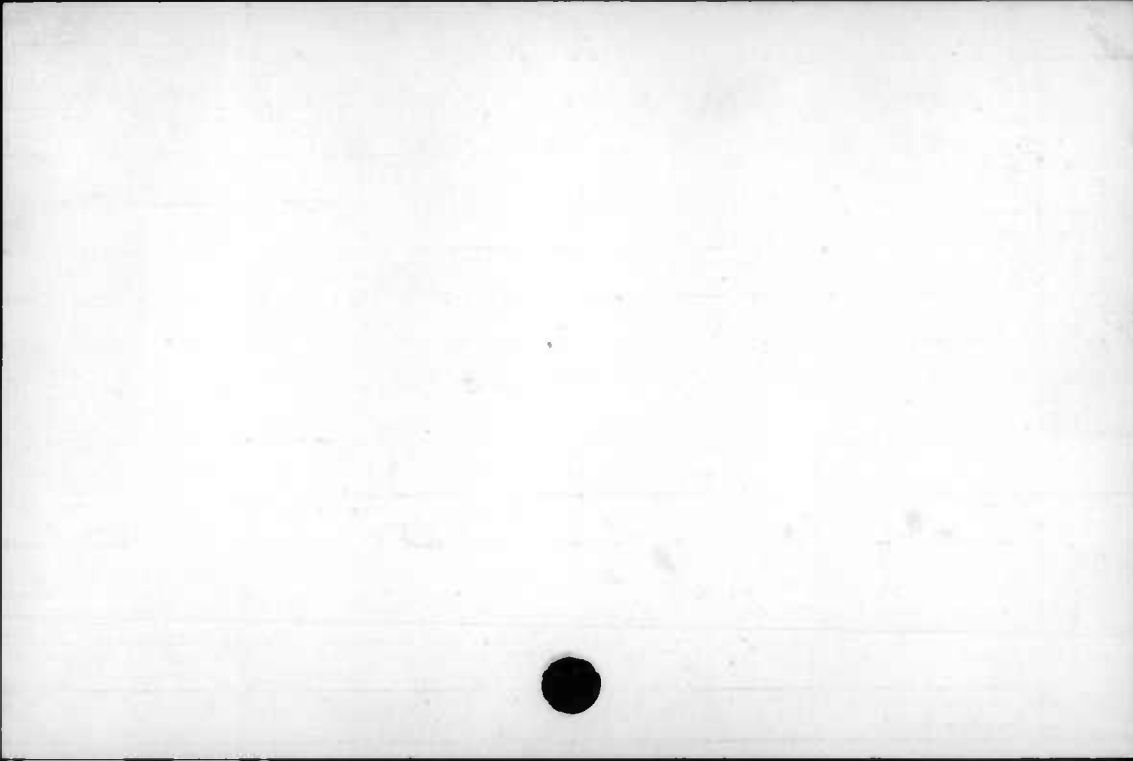
Died at <i>Bridgely</i>		Town <i>Caroline</i>		County <i>Maryland</i>	
Date of death <i>1908</i>		Month <i>June</i>	Day <i>19</i>	Age <i>49</i>	Months <i>11</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Charch Hill</i>	
Occupation <i>Farm</i>		Where Residing if not at place of death <i>Bridgely</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rachel C McKenney</i>			
Father's Name <i>Samuel McKenney</i>		Father's Birthplace <i>Millington</i>			
Mother's Maiden Name <i>Catherine Bigsbee</i>		Mother's Birthplace <i>Charleston</i>			
Name of person giving information <i>Robert T McKenney</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Dilation of the heart</i>	How long	<i>Six months</i>
Immediate	<i>Bright disease</i>	How long	<i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. N. Richards</i>	
		Address <i>Bridgely Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Mary E. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

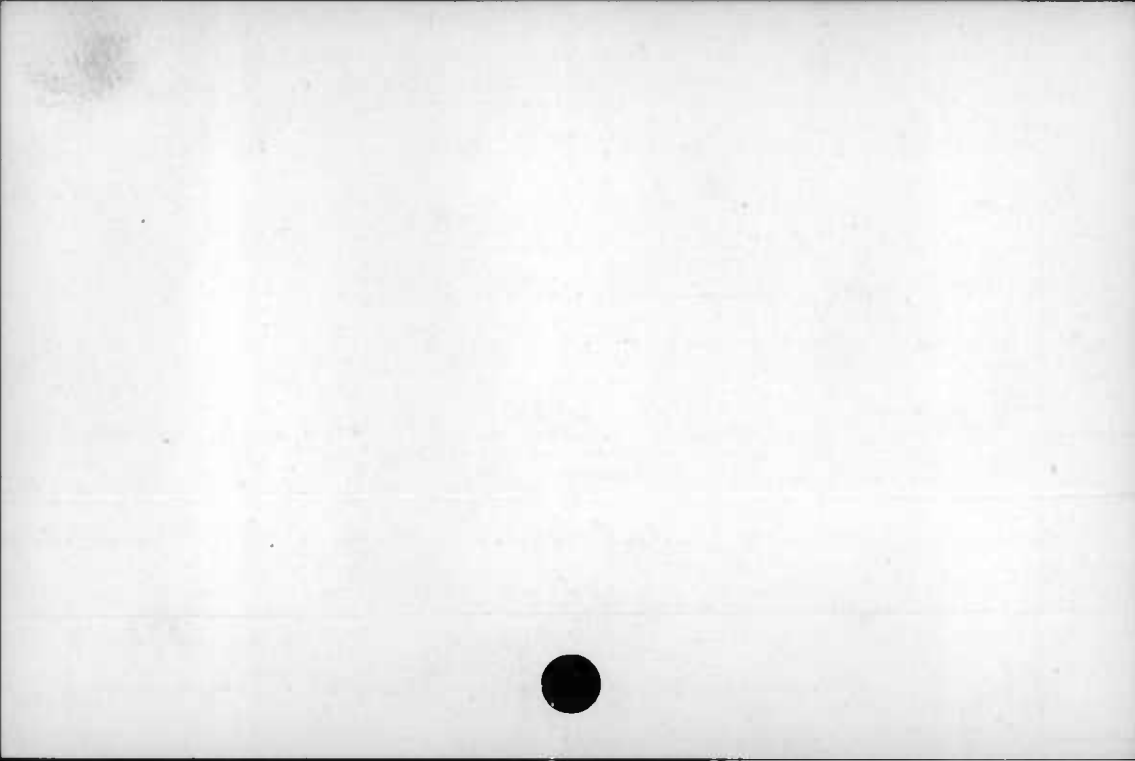
Died at <i>near Greensboro</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	1908	Month	Jan	Day	7	Age	77
Sex	Female	Color or Race	White	Birth-place	Md.	Months	—
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband <i>Wm. Andrew Bennett</i>					
Father's Name	<i>Joseph Hutton</i>				Father's Birthplace <i>Md.</i>		
Mother's Maiden Name	<i>Mary Killen</i>				Mother's Birthplace <i>Dont know</i>		
Name of person giving information	<i>Wm. Campbell</i>				How related to deceased <i>3^d Cousin</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis -</i>	How long	<i>3 years -</i>
Immediate	<i>Blood Clot -</i>	How long	<i>1 week -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. P. McNamee</i>	
		Address <i>Greensboro Md.</i>	
Accident or Suicide?			



Name
In
FullM^{rs} Emma B. Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

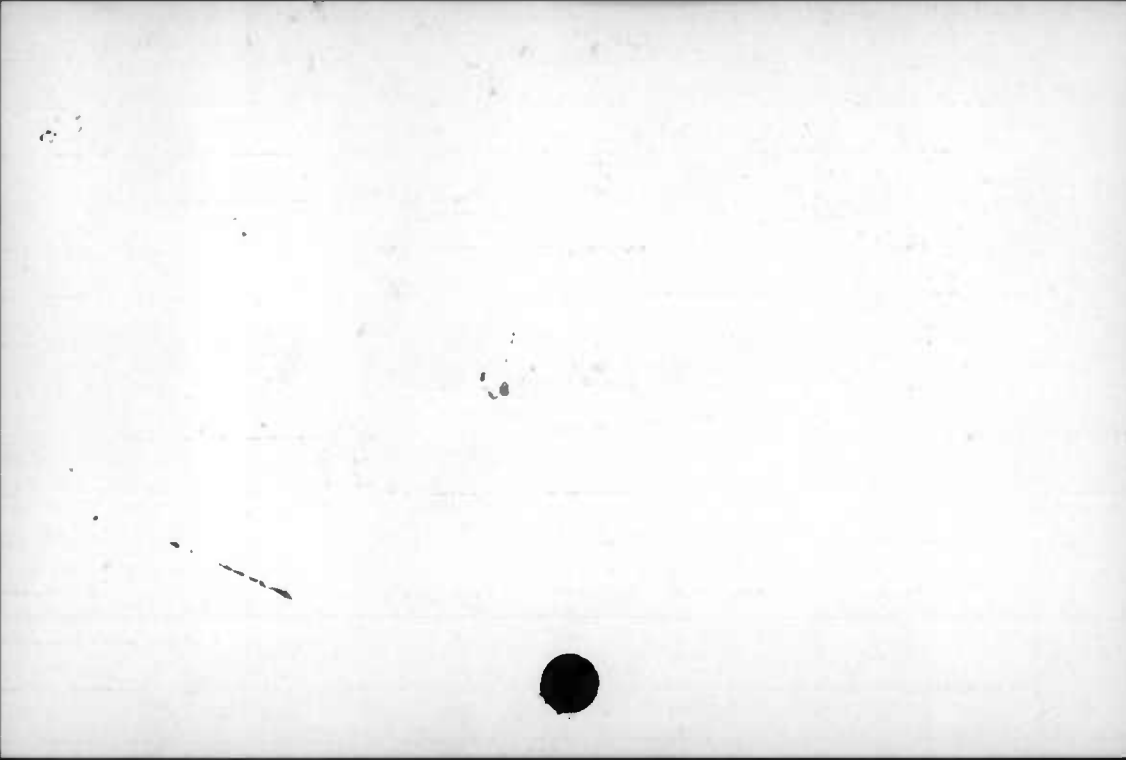
Died at		Town Hounes		County Caroline		MARYLAND	
Date of death	1908	Month 1	Day 16	Age	Years 41	Months 5	Days -
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Housewife			Where Residing If not at place of death Hounes, Md			
Married, Single or Widowed	Married		Name of Wife or Husband	Frank B. Richards			
Father's Name	William Williams					Father's Birthplace	Maryland
Mother's Maiden Name	Caroline Ayers					Mother's Birthplace	Maryland
Name of person giving information	Frank B. Richards					How related to deceased	Husband

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Complications of Disregard		How long	6 Months
Immediate	Exhaustion Heart Failure		How long	Leg home
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. Geo. H. King, M.D.	
			Address H. Eden, Orland County Maryland	
Accident or Suicide?		-		



Name
in
Full

Vacarius Ross Sallerfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

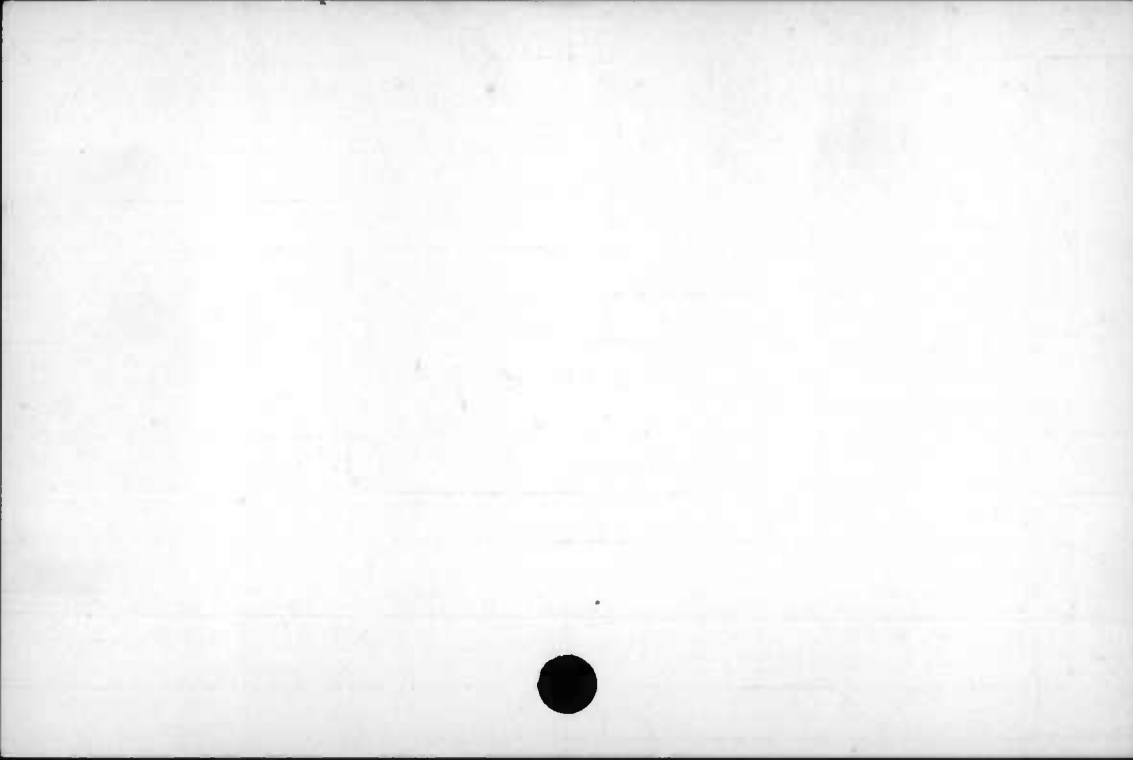
Died at		Town Denton		County Caroline		MARYLAND	
Date of death	1908	Month 1	Day 28	Age 2	Years 6	Months -	Days -
Sex	Female		Color or Race	Caucasian		Birth- place	Maryland
Occupation	Chile		Where Residing if not at place of death		Denton Md		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Salomon Sallerfield				Father's Birthplace	Maryland	
Mother's Maiden Name	Linn Sallerfield				Mother's Birthplace	"	
Name of person giving In formation	Salomon Sallerfield				How related to deceased	Father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	One Year
Immediate	Exhaustion	How long	One day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. Geo. W. E.		
	Address Denton, Caroline Co Maryland		
Accident or Suicide?			



Name
in
Full

makala Sheppard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Federalsburg ^{County} Caroline

MARYLAND

Date of death 1908 Jan 23 Age 30 Months Days

Sex female Color or Race black Birth-place md

Occupation servant Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name John L Sheppard Father's Birthplace md

Mother's Maiden Name Milly Thompson Mother's Birthplace md

Name of person giving information Lurley Sheppard How related to deceased brother

CAUSES OF DEATH

167

Primary Burn - Accident How long four days

Immediate Burn by heat, over head and body.

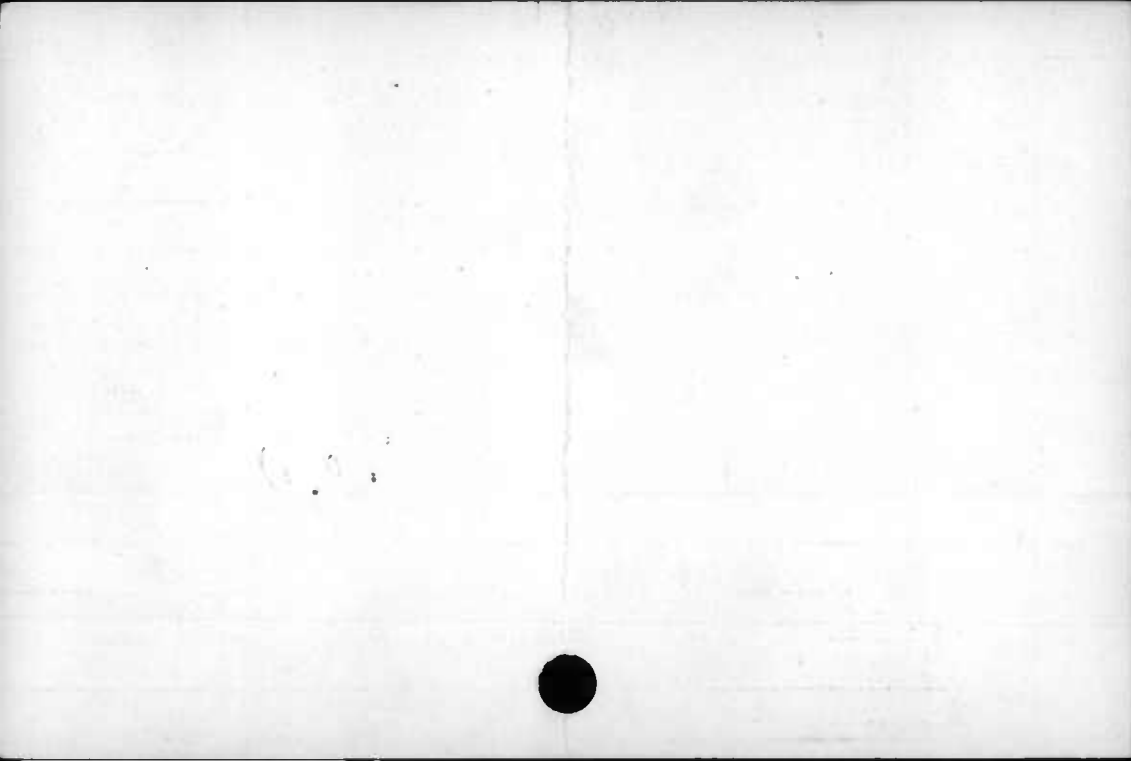
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? Accident.

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

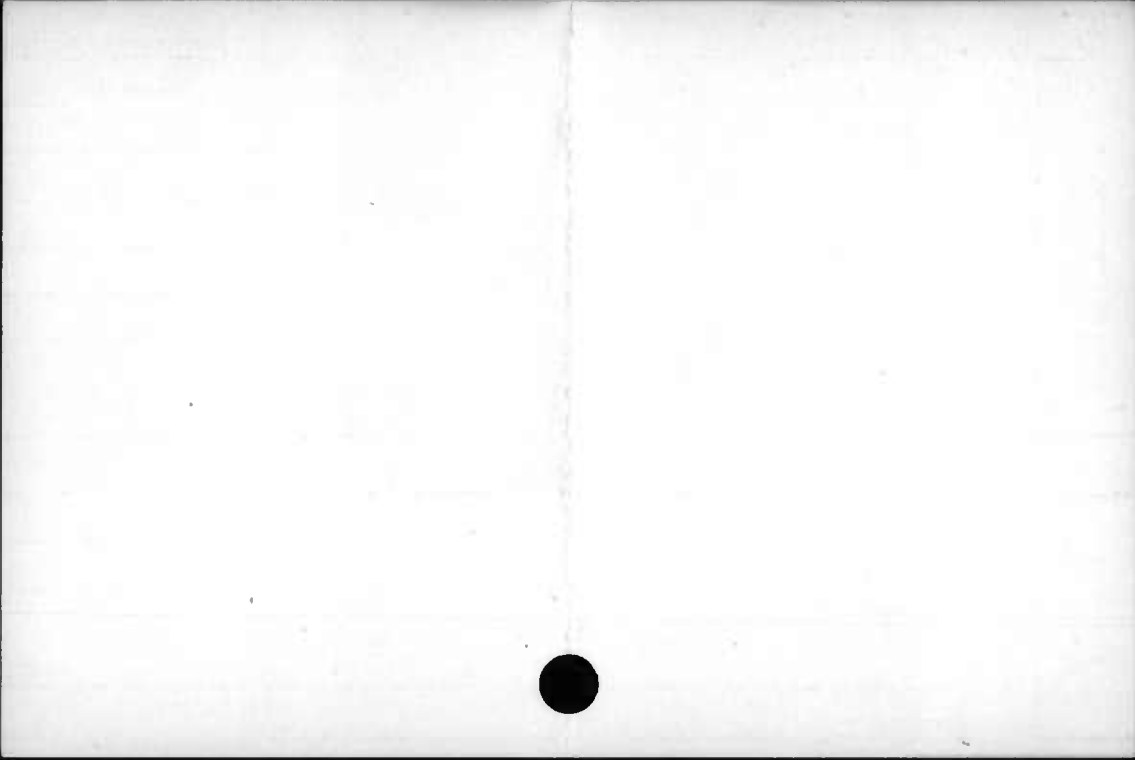
Name in Full <i>Vanugh Garfield Todd</i>		Town <i>Sharmway</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Sharmway</i>		Month <i>1st</i>		Day <i>8th</i>		Age <i>26</i>	
Date of death <i>1908</i>		Years <i>5</i>		Months <i>29</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Grace Emma Todd</i>					
Father's Name <i>Francis S. Todd</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Elizabeth Stevens</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>F. S. Todd</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Mummoria</i>	How long <i>4 days</i>
Immediate <i>Toxaemia</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Haderney</i>
	Address <i>Preston md.</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

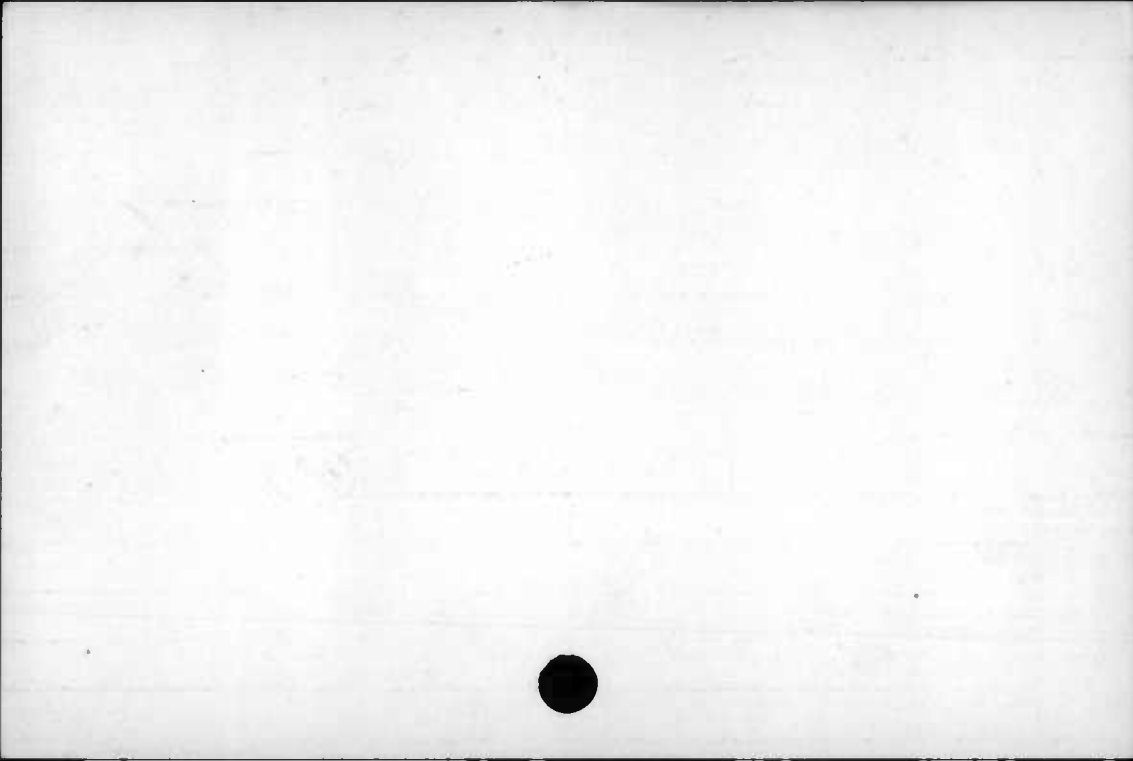
Name in Full <i>Elizabeth S. Vickery</i>		Town <i>Near Denton</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Near Denton</i>		Date of death <i>1908</i>		Month <i>1</i>		Day <i>19</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>49</i>		Years <i>—</i>	
Birthplace <i>Delaware</i>		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Near Denton</i>		Months <i>—</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband		Father's Name <i>John F. Griffith</i>		Father's Birthplace <i>Delaware</i>	
Mother's Maiden Name <i>Elizabeth Arthur</i>		Name of person giving information <i>Samuel A. Griffith</i>		Mother's Birthplace <i>—</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Diabetes</i>		How long <i>Have known of it for 6 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. W. Sumner</i>	
		Address <i>Denton</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

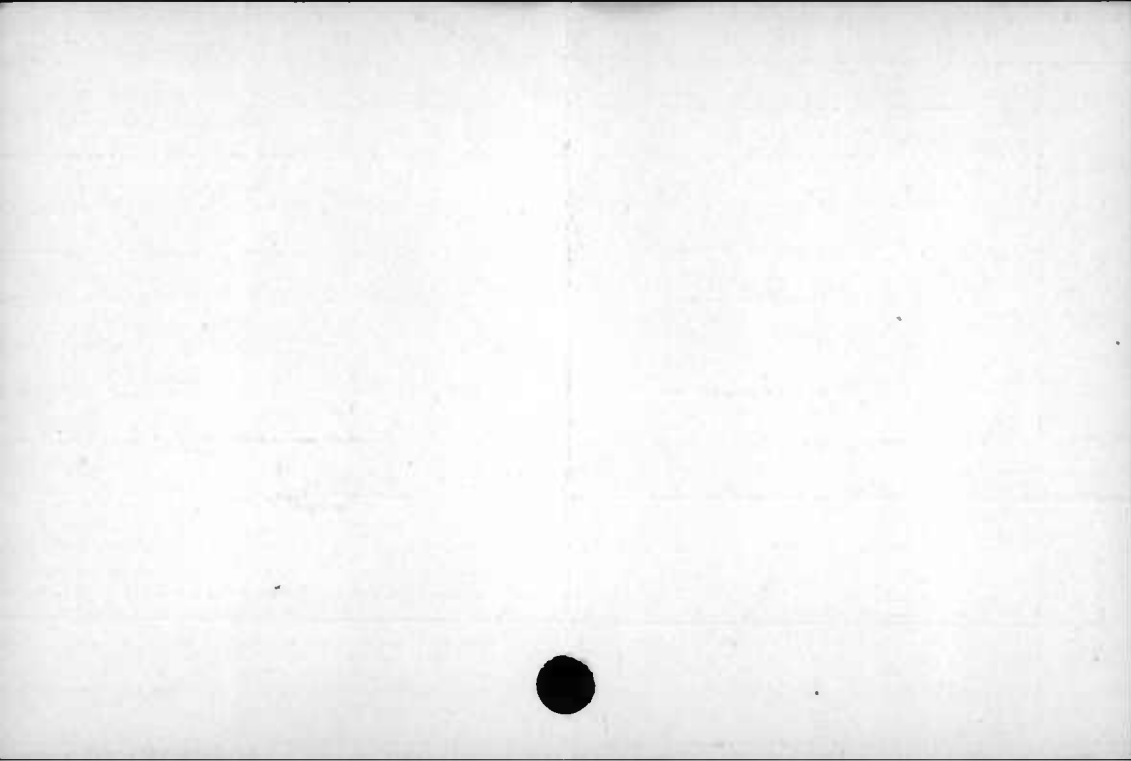
Name in Full <i>Frederick Washington</i>		Town <i>Federalsburg</i>		County <i>Lanohine</i>		MARYLAND	
Died at <i>Federalsburg</i>		Month <i>Jan</i>		Day <i>9</i>		Age <i>68</i>	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>9</i>		Age <i>68</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Janet Washington</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Janet Washington</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
	Address <i>Federalsburg</i>
Accident or Suicide? <i>9</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brenton</u> Town			<u>Corryville</u> County			MARYLAND	
Date of death	1908	Month	1	Day	29	Age	Years 65
Sex		Female		Color or Race		Black	
Birth-place		Hillsboro Mo					
Occupation				Housewife			
Where Residing if not at place of death				—			
Married, Single or Widowed		Married		Name of Wife or Husband			
				Amstead Williams			
Father's Name		Died known				Father's Birthplace	
						—	
Mother's Maiden Name		Elsie Young				Mother's Birthplace	
						Hempstead Md	
Name of person giving information		Edmund Williams				How related to deceased	
						Son	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<u>La Grippe</u>	How long,	<u>2 weeks</u>
Immediate	<u>Pneumonia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
y		J. M. Nichols M.D.	
		Address	
		Brenton Md	
Accident or Suicide?			
9			

